

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	2	1				
4						
5	3	0				
6	1	0				
7						
8	0	0				
9	0	0				
10	0	0				
11	1					
12		1				
13	2					
14	0	0				
15	0	0				
16	0	0				
17	0	0				
18	0	0				
19	0	0				
20	0	0				
21	0	0				
22	0	0				
23	0	0				
24	1					
25		1				
26	2					
27		1				
28		1				
29						
30						
31						
32						
33		1				
34		1				
35		1				
36						
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38						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		2			
TOTAL DEP.	27	27	7	7		
TOTAL CLAIMS	30		9			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								